

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037315

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 314

Primary Registration District No. 3159

Registrar's No. 395

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED OCT 8 1963

1. PLACE OF DEATH

a. COUNTY **St. Francis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Bonne Terre**

Length of stay in 1b
1 Da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Bonne Terre Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Francois**

c. CITY
OR
TOWN **Esther**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
501 Lincoln

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lucinda Janie Watts

4. DATE OF DEATH
Month Day Year
Sept. 25, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8/3/1886

9. AGE (last birthday)
77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
0 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Madison Co. Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas Allen

13b. MOTHER'S MAIDEN NAME

Olivia Tucker

14. NAME OF HUSBAND OR WIFE

William Ed. Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Mo. Mrs. Clarence Crocker, Flat River

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cerebral hemorrhage**

INTERVAL BETWEEN
ONSET AND DEATH
Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
COUNTY STATE

21. I attended the deceased from **Sept. 24, 1963** to **Sept. 24, 1963** and last saw her alive on **Sept. 24, 1963**
Death occurred at **11:20** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS
Bonne Terre, Mo.

22c. DATE SIGNED
9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Sept. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY
St. Francois Memo.

23d. LOCATION (City, town, or county) (State)
St. Francois Co. Mo

24. FUNERAL DIRECTOR

ADDRESS
Murphy L Sparks Flat River, Mo

25. DATE RECD. BY LOCAL REG.
Sept. 27, 1963

26. REGISTRAR'S SIGNATURE
[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Lat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.